

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name City of San Jose		Date Stamp 2016 AUG -3 PM 1:00 JR OTC	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Council District 1			
Designated Agency Contact (Name, Title) Chappie Jones, Councilmember			
Area Code/Phone Number (408) 535-4901	E-mail district1@sanjoseca.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: 08/03/16 (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 275.00

Event Description U.S. Olympic Team Trials Gymnastics Date(s) 07 / 08 / 16 07 / 10 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Jones, Chappie
Official's Name (Last, First)

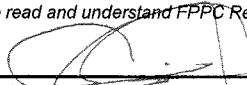
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Winchester and Stevens Creek Advisory Group Members & D1 Volunteers	8	Recognize the hard working members of this group for their commitment, dedication and input regarding D1 and other areas.

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Chappie Jones	Councilmember, District 1	08/03/16
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)